

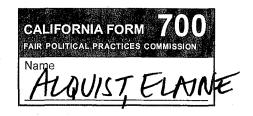
(month, day, year)

## STATEMENT OF ECONOMIC INTERESTS FAIR PO

FAIR POLITICAL
PRACTICES COMMISSION

**COVER PAGE** Please type or print in ink. NAME OF FILER (FIRST) (LAST) 1. Office, Agency, or Court Agency Name SENATE STATE Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. Position SENATE REPRESENTATIVE A SEISMIC SAFETY COMMISSION 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County Mult County of \_ City of \_\_\_ Other \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2011. (Check one) The period covered is \_\_\_\_\_\_\_, through O The period covered is January 1, 2011, through the date of leaving office. December 31, 2011. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_/\_\_\_ the date of leaving office. Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_ 4. Schedule Summary ▶ Total number of pages including this cover page: ■ Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-5 I have used all reasonable diligence in preparing this statement. I have reviewed this s herein and in any attached schedules is true and complete. I acknowledge this is a certify under penalty of perjury under the laws of the State of California (c)(1) Date Signed Sign

## SCHEDULE D Income - Gifts



NAME OF SOURCE  MICKOSOPT COKPORATION	▶ NAME OF SOURCE
APRESS (Business Address Acceptable) REDMOND, W.A. 98052	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  5 , 6 , 11 , 5.00 BEVELAGE	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
CA DEMOCRATIC PARTY	► NAME OF SOURCE
ADDRESS (Business Address Acceptable) [401 21 4 St, Ste 200 SAC 9581]	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1,19,11 \$ \$ 195.32 MEALS	\$\$
\$	/s
▶ NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u></u> \$	\$
\$	\$
	\$
Comments:	